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FACSIMILE 303-938-9995

FACSIMILE TRANSMISSION

DATE: April 25, 2005

FROM:

Michael J. Setter, Reg. 37,936

NUMBER OF PAGES (including this page):3 **TELEPHONE:** (303) 938-9999 ext. 13**TO:****EMAIL:** msetter@soiplaw.com**TELEPHONE:**

Commissioner for Patents
United States Patent and
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RE:**FAX:** (703) 872-9306

Application No. various see
attached list

Filed: various see attached list

Art Unit:

Examiner:

Inv.:

Docket No.

MESSAGE Attached are the following:

1. Transmittal (one page);
2. CORRESPONDENCE ADDRESS INDICATION FORM.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
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FORM

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|----------------------------------------------------------|--|----------------------|------------------------|
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| | | Filing Date | see attached |
| | | First Named Inventor | |
| | | Art Unit | |
| | | Examiner Name | |
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| Total Number of Pages in This Submission | | one | Attorney Docket Number |

ENCLOSURES (check all that apply)

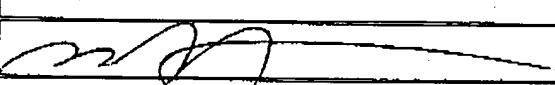
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
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Remarks

It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.

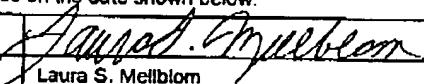
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------------------------------------------------------------------|----------|--------|
| Firm | SETTER OLLILA LLC | | |
| Signature |  | | |
| Printed Name | Michael J. Setter | | |
| Date | 4/25/05 | Reg. No. | 37,936 |

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PTO/SB/121 (06-03)

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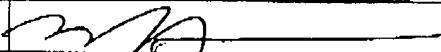
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 Request for Customer Number (PTO/SB/125) submitted herewith.RECEIVED
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APR 25 2005

In the following listed application(s) or patent(s) :

| Patent Number (if appropriate) | Application Number | Patent Date (if appropriate) | U.S. Filing Date |
|-----------------------------------|--------------------|---------------------------------|---------------------|
| | 09/433,850 | | 1/14/1999 |
| | 09/640,260 | | 8/16/2000 |
| | 09/750,829 | | 12/28/2000 |
| | 09/696,562 | | 10/25/2000 |
| | 09/654,714 | | 9/5/2000 |
| | 09/802,194 | | 3/8/2001 |
| | 10/093,762 | | 3/8/2002 |
| | 10/093,677 | | 3/8/2002 |
| | 10/261,013 | | 8/30/2002 |
| | 09/919,283 | | 7/31/2001 |

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Typed or Printed Name | Michael J. Setter | | | (check one) |
| Signature |  | | | <input type="checkbox"/> Applicant or Patentee |
| Date | 4-25-05 | Telephone | (303) 938-9999 x13 | <input type="checkbox"/> Assignee of record or the entire Interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |
| Address of signer: SETTER OLLILA LLC 2060 Broadway, Suite 300 Boulder, CO 80302 | | | | <input checked="" type="checkbox"/> Attorney or agent of record 37,936 (Reg. No.) |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
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